

MI CoCASA ES SU CoCASA



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Overview

- **Old CoCasa Reports**
- **New ASIIS Immunization Reports**
- **How to run new reports in ASIIS**
- **Daniel T. Cloud Award Process/Preparation**



CoCASA Reports Previously Used

CoCASA Toddler Reports

Summary & Single Antigen

CoCASA Report Title: **SUMMARY REPORT** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 03/03/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 24 to 35 months as of 2/1/2015

Selected series/antigens: 4:3:1:3:1:4 (4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var, 4PCV)

Compliance: ☒ By age 24 months ☐ By date

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period ☐ Limited by

Missed opportunities are defined as: On LAST immunization visit

IMMUNIZATION STATUS (Based on user-selected criteria) Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

73 # of patient records selected

0 # of patients moved or gone elsewhere (MOGE)

73 Total # of Patient Records Assessed

Immunizations Complete

Immunization Status	# of patients	% of patients
Received immunizations by assessment date: 03/22/2015	70	96%
Late up-to-date - received immunizations but NOT by: 24 months of age	7	10%
Up-to-date and complete by: 24 months of age	63	86%

Immunizations NOT Complete

Immunization Status	# of patients	% of patients
Missed opportunities - to administer vaccine (as defined in report criteria)	2	3%
No missed opportunities but NOT eligible for immunization as of assessment date	0	0%
No missed opportunities; eligible, last visit <12 months ago	1	1%
No missed opportunities; eligible, last visit >= 12 months ago	0	0%
Total patients not complete by assessment date	3	4%

Bring Patients Up-To-Date

☐ Of patients NOT complete, # of patients who could be brought up-to-date with 1 additional visit: 3 of 3

Immunizations Needed	# of patients	% of patients
1	2	3%
2	1	1%
3	0	0%
4+	0	0%
Total patients up-to-date with one additional visit	3	4%

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CoCASA Report Title: **SINGLE ANTIGEN REPORT (CHILDHOOD)** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 03/03/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 24 to 35 months as of 2/1/2015

Selected series/antigens: 4:3:1:3:1:4 (4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var, 4PCV)

Compliance: ☒ By age 24 months ☐ By date

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period ☐ Limited by

73 # of patient records selected

0 # of patients moved or gone elsewhere (MOGE)

73 Total # of Patient Records Assessed

RESULTS (Based on user-selected criteria)

Single Antigen Coverage

Note: The single antigen report reflects the number of doses received at age intervals between 3 to 24 months of age and the percentage of doses received based on the series or number of antigens selected; however, this report does not necessarily reflect completeness (i.e., being up-to-date) and the percentages reflected on this report may differ from those on the summary report. The single antigen report is strictly a count of doses received at specified intervals and does not take into consideration scenarios in which a child could be considered up-to-date with fewer doses.

Months of Age	3		5		7		9		12		15		18		24			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
1 DTaP1	65	89	72	99	73	100	73	100	73	100	73	100	73	100	73	100	73	100
2 DTaP2			65	75	67	92	70	96	72	99	72	99	73	100	73	100	73	100
3 DTaP3					40	55	61	84	66	90	67	92	71	97	72	99	73	100
4 DTaP4											9	12	39	53	64	74	66	90
5 Polio1	65	89	72	99	73	100	73	100	73	100	73	100	73	100	73	100	73	100
6 Polio2					65	75	67	92	70	96	72	99	73	100	73	100	73	100
7 Polio3							39	53	59	81	64	88	65	89	70	95	72	99
8 MMR1									4	5	44	60	63	86	69	95	70	96
9 Hib1	66	90	72	99	73	100	73	100	73	100	73	100	73	100	73	100	73	100
10 Hib2			66	77	67	92	70	96	72	99	72	99	73	100	73	100	73	100
11 Hib3					33	45	45	62	49	67	50	68	60	82	68	93	71	97
12 HepB1	73	100	73	100	73	100	73	100	73	100	73	100	73	100	73	100	73	100
13 HepB2	61	84	70	96	73	100	73	100	73	100	73	100	73	100	73	100	73	100
14 HepB3					41	56	62	85	66	90	66	90	71	97	73	100	73	100
15 Var1									4	5	45	62	63	86	69	95	70	96
16 PCV1	64	88	72	99	73	100	73	100	73	100	73	100	73	100	73	100	73	100
17 PCV2			63	73	67	92	70	96	71	97	71	97	72	98	72	99	73	100
18 PCV3					38	52	60	82	66	90	67	92	71	97	72	99	72	99
19 PCV4									1	1	6	8	34	47	63	73	62	86

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CoCASA Toddler Reports

Invalid Doses & Missing Immunizations

CoCASA Report Title: **INVALID DOSES** Date Generated: 03/24/2015

REPORT CRITERIA Assessment date: 3/22/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 24 to 35 months as of 2/1/2015

Selected series/antigens: 4:3:1:3:1:4 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV)

Compliance: ☒ by age 24 months ☐ by date

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period ☐ Limited by

Total # of Records with Invalid Doses 5

RESULTS (based on user-selected criteria)

Patient Name (Last, First MI)	DOB	Antigen	Date given	Reason not valid
FEMALE PATIENT 1	01/30/2013	HepB3	07/02/2013	Minimum age of 24 weeks not met, Interval of 8 weeks from previous valid or invalid dose not met
MALE PATIENT 1	01/06/2013	DTaP4	04/14/2014	Interval of 4 months* from previous valid or invalid dose not met
MALE PATIENT 2	06/18/2012	HepB3	10/31/2012	Minimum age of 24 weeks not met
MALE PATIENT 3	03/31/2012	DTaP3	07/31/2012	Interval of 4 weeks from previous valid or invalid dose not met
FEMALE PATIENT 1	01/31/2013	HepB3	05/31/2013	Minimum age of 24 weeks not met, Interval of 8 weeks from previous valid or invalid dose not met

* Doses of DTaP 4 that follow dose 3 by only 4-6 months have not been administered according to ACIP recommendations, although ACIP states that these doses do not need to be repeated.

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CoCASA Report Title: **Missing Immunizations** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 2/22/2015

Provider site name: XYZ Pediatrics (9999)

Age range: From 24 to 35 months as of 2/1/2015

Selected series/antigens: 4:3:1:3:1:4 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV)

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period ☐ Limited by

IMMUNIZATION MISSED (based on user-selected criteria)

List of patients missing any immunizations

Total # of Patient Records 3

"Missing any doses" includes any patient that is Overdue (NOT Complete and Eligible based upon ACIP recommended ages and intervals) or Coming Due (NOT Complete and NOT Eligible as of the assessment date) at any point in the future.

Patient Name (Last, First MI)	Date of Birth	Missing Immunizations
DOE, JANE A.	11/21/2012	DTaP 4, PCV 4
DOE, JOHN B.	05/28/2012	DTaP 4
DOE, JON C.	09/24/2012	PCV 4

List of Patients Who Received DTaP4 Between 4 and 6 Months After Dose 3

Total # of Patient Records 0

This section includes any patient that received the 4th dose of DTaP at less than the recommended minimum interval, between 4 and 6 months after the previous dose. This dose is not administered according to ACIP recommendations, although ACIP has stated that this dose does not need to be repeated.

Patient Name (Last, First MI)	Date of Birth
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CoCASA Adolescent Reports

Coverage and HPV Combo Report

CoCASA Report Title: **ADOLESCENT COVERAGE** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 02/01/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 13 to 18 years as of 2/1/2015

Selected series/antigen: 1Mening, 1Tdap

Compliance: ☐ By age: 0 months ☒ By date: 2/1/2015

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by

Missed opportunities are defined as: On LAST immunization visit

193 # of patient records selected
 0 # of patients moved or gone elsewhere (MOGE)
 193 Total # of Patient Records Assessed

SECTION I (based on user-selected criteria)

Vaccinations Coverage: Who is up-to-date?

Selected Antigens	By: 02/01/2015	
	# of patients up-to-date	% of patients up-to-date
1 Mening Tdap1	192	99%
2 Mening	193	100%
3 Tdap1	192	99%

	# of patients	% of patients
Missed Opportunities to administer vaccine (as defined in report criteria)	1	1%

BEST PRACTICES Healthy People 2010 has identified immunization as an indicator of the nation's health. One objective is to increase routine vaccination coverage levels for adolescents. The target is 90% coverage for each of the following: 3 doses of HepB, 2 or more doses of MMR, 1 or more doses of Td booster and 1 or more doses of Varicella vaccine (excluding children that have had Varicella).

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CoCASA Report Title: **HPV REPORT** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 02/01/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 13 to 18 years as of 2/1/2015

Selected series/antigen: HPV

Compliance: ☐ By age: 0 months ☒ By date: 2/1/2015

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by Combination both Male and Female Patients

Missed opportunities are defined as: On LAST immunization visit

IMMUNIZATION STATUS (based on user-selected criteria) Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

193 # of patient records selected
 0 # of patients moved or gone elsewhere (MOGE)
 193 Total # of Patient Records Assessed

Immunizations Complete

Immunization Status	# of patients	% of patients
Patients receiving 1 or more doses by: 02/01/2015	151	78%
Patients receiving only 1 dose by: 02/01/2015	14	7%
Patients receiving only 2 doses by: 02/01/2015	36	19%
Patients receiving 3 or more doses by: 02/01/2015	101	52%

Series Completion	# of patients	% of patients
Patients initiating HPV series and had >= 24 weeks between the first dose and the compliance date:	145	76%
Series Completion Rate: received 3 or more doses (among adolescents who had >= 1 dose and >= 24 weeks between the first dose and the compliance date):	101	69%

HEDIS Measure	# of patients	% of patients
Patients age 13 years or older at time of the compliance date:	193	100%
Patients receiving 3 HPV doses by age 13 (among patients age 13 years or older at time of the compliance date):	25	13%

Missed Opportunities	# of patients	% of patients
Missed opportunities to administer vaccine (as defined in report criteria):	44	23%
No missed opportunities but NOT eligible for immunizations at assessment:	5	3%
No missed opportunities; eligible; last visit < 12 months ago:	24	12%
No missed opportunities; eligible; last visit >= 12 months ago:	19	10%
Total patients not complete by assessment date:	52	48%

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CoCASA Adolescent Reports

HPV Female & HPV Male

CoCASA Report Title: HPV REPORT Assessment date: 2/2/2015

REPORT CRITERIA

Provider site name: XYZ PEDIATRICS (\$999)

Age range: From 13 to 18 years as of 2/1/2015

Selected series/antigen: HPV

Compliance: ☐ By age: 0 months ☒ By date: 2/1/2015

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period

☒ Limited by Gender = Female

Missed opportunities are defined as: On LAST immunization visit

IMMUNIZATION STATUS (Based on user-selected criteria) Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

84 # of patient records selected

0 # of patients moved or gone elsewhere (MOGE)

84 Total # of Patient Records Assessed

Immunizations Complete

Immunization Status	# of patients	% of patients
Patients receiving 1 or more doses by: 02/01/2015	73	87%
Patients receiving only 1 dose by: 02/01/2015	8	10%
Patients receiving only 2 doses by: 02/01/2015	14	17%
Patients receiving 3 or more doses by: 02/01/2015	51	61%

Series Completion	# of patients	% of patients
Patients initiating HPV series and had >= 24 weeks between the first dose and the compliance date:	70	83%
Series Completion Rate: received 3 or more doses (among adolescents who had >= 1 dose and >= 24 weeks between the first dose and the compliance date):	51	73%

HEDIS Measure	# of patients	% of patients
Patients age 13 years or older at time of the compliance date:	84	100%
Patients receiving 3 HPV doses by age 13 (among patients age 13 years or older at time of the compliance date):	18	21%

Missed Opportunities	# of patients	% of patients
Missed opportunities to administer vaccine (as defined in report criteria):	12	14%
No missed opportunities but NOT eligible for immunizations at assessment:	2	2%
No missed opportunities, eligible; last visit < 12 months ago:	9	11%
No missed opportunities, eligible; last visit >= 12 months ago:	10	12%
Total patients not complete by assessment date:	33	39%

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CoCASA Report Title: HPV REPORT Assessment date: 2/2/2015

REPORT CRITERIA

Provider site name: XYZ PEDIATRICS (\$999)

Age range: From 13 to 18 years as of 2/1/2015

Selected series/antigen: HPV

Compliance: ☐ By age: 0 months ☒ By date: 2/1/2015

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period

☒ Limited by Gender = Male

Missed opportunities are defined as: On LAST immunization visit

IMMUNIZATION STATUS (Based on user-selected criteria) Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

109 # of patient records selected

0 # of patients moved or gone elsewhere (MOGE)

109 Total # of Patient Records Assessed

Immunizations Complete

Immunization Status	# of patients	% of patients
Patients receiving 1 or more doses by: 02/01/2015	78	72%
Patients receiving only 1 dose by: 02/01/2015	6	6%
Patients receiving only 2 doses by: 02/01/2015	22	20%
Patients receiving 3 or more doses by: 02/01/2015	50	46%

Series Completion	# of patients	% of patients
Patients initiating HPV series and had >= 24 weeks between the first dose and the compliance date:	76	70%
Series Completion Rate: received 3 or more doses (among adolescents who had >= 1 dose and >= 24 weeks between the first dose and the compliance date):	50	66%

HEDIS Measure	# of patients	% of patients
Patients age 13 years or older at time of the compliance date:	109	100%
Patients receiving 3 HPV doses by age 13 (among patients age 13 years or older at time of the compliance date):	7	6%

Missed Opportunities	# of patients	% of patients
Missed opportunities to administer vaccine (as defined in report criteria):	32	29%
No missed opportunities but NOT eligible for immunizations at assessment:	3	3%
No missed opportunities, eligible; last visit < 12 months ago:	15	14%
No missed opportunities, eligible; last visit >= 12 months ago:	9	8%
Total patients not complete by assessment date:	59	54%

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CoCASA Adolescent Reports

Invalid Doses & Missing Immunizations

CoCASA Report Title: **INVALID DOSES** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 2/22/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 13 to 18 years as of 2/1/2015

Selected vaccine/antigen: 11Menp, 1TDap, 3HPV

Compliance: ☐ By age: 0 months ☒ By date: 2/1/2015

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by

Total # of Records with Invalid Doses: 2

RESULTS (based on unselected criteria)

Patient Name (Last, First MI)	DOB	Antigen	Date given	Reason not valid
DOE, JANE	08/16/1999	HPV3	01/13/2015	Interval of 12 weeks from previous valid or invalid dose not met
DOE, JANICE	08/16/1999	HPV3	01/12/2015	Interval of 12 weeks from previous valid or invalid dose not met

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CoCASA Report Title: **Missing Immunizations** Date Generated: 03/03/2015

REPORT CRITERIA Assessment date: 2/22/2015

Provider site name: XYZ PEDIATRICS (9999)

Age range: From 13 to 18 years as of 2/1/2015

Selected vaccine/antigen: 11Menp, 1TDap, 3HPV

Additional criteria: ☒ Apply ACIP Recommendations (valid doses only) ☒ Apply four-day grace period
☐ Limited by

IMMUNIZATION MISSED (based on unselected criteria)

List of patients missing any immunizations

Total # of Patient Records: 91

"Missing any doses" includes any patient that is Overdue (NOT Complete and Eligible based upon ACIP recommended ages and intervals) or Coming Due (NOT Complete and NOT Eligible as of the assessment date) at any point in the future.

Patient Name (Last, First MI)	Date of Birth	Missing Immunizations
MALE PATIENT #1	11/05/2001	HPV 2
FEMALE PATIENT #1	10/28/1998	HPV 3

List of Patients Who Received DTaP4 Between 4 and 6 Months After Dose 3

Total # of Patient Records: 0

This section includes any patient that received the 4th dose of DTaP at less than the recommended minimum interval, between 4 and 6 months after the previous dose. This dose is not administered according to ACIP recommendations, although ACIP has stated that this dose does not need to be repeated.

Patient Name (Last, First MI)	Date of Birth
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The End of **CoCASA**

NEW

Immunization Coverage Reports Through ASIIS

Immunization Coverage and Patient Forecast Reports




Arizona
Department of
Health Services

Main

- Home
- Login

Patient

- Vaccinations
- Job Queue
- Change Password
- Answers



iWeb




ASIS-Web Login

Username :

Password :

[Forgot Password](#)



Arizona
Department of
Health Services

- ▶ Main
- ▶ Message
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
- ▶ Organization (IRMS)
- ▶ Facilities
- ▶ Physicians & Vaccinators
- ▶ Lot Numbers
- ▶ **Reports**
 - Patient Record
 - Report Module
 - State Reports
 - Mgmt Reports
 - School Reports
- ▶ Settings
- CASA Export
- ▶ Reminder/Recall
- ▶ Imports
- ▶ Exports
- Scheduled Reports

Reports

Vaccinations

Vaccination Totals

Vaccinations Breakdown

Lot Number Summary

Lot Recall Listing

Vaccine Deferrals

Vaccine Lots to Expire

Daily Inventory Report

Reminder/Recall Success

Vaccines for Children

VFC Vaccinations Breakdown

Vaccine Administered

VFC Accountability Log

VFC Profile Report

Registry

Provider Submission Detail

Provider Submission

Registry Statistics

Coverage Rate Report



- Reports
 - Reports Module
 - Coverage Rate Report
- (do not click on schedule)*

Coverage Rate Report Page



Coverage Rate Report	
Run By	
<input checked="" type="radio"/> By Ownership	
<input type="radio"/> By Service	
Specify Age Range	
Series	--select-- Series Description
<input checked="" type="radio"/> Age Range	From: --select--
	Through: --select--
Age as of Date (Today's date if left blank)	
Limit Report By	
Patient Status	<input checked="" type="radio"/> Active Only <input type="radio"/> Inactive Only <input type="radio"/> All
Vaccine Status	<input type="radio"/> All Vaccinations <input checked="" type="radio"/> Valid Vaccinations Only
Patient Race	Hispanic Black or African American White Native Hawaiian or Other Pacific
Gender	--select--
District/Region	--select--
Patient County	--select--
ZIP Code	
<input checked="" type="radio"/> Organization (IRMS)	ADHS ALL PURPOSE - UNKNOWN IRMS (1000)
<input type="radio"/> Do Not Limit	
<input type="radio"/> Facility	--select--
<input type="radio"/> Facility Group	--select--
<input checked="" type="radio"/> Do Not Limit	
<input type="radio"/> Facility	--select--
<input type="radio"/> Facility Group	--select--
<input checked="" type="radio"/> Do Not Limit	
<input type="checkbox"/> VFC PIN	--select--
View By	
<input type="radio"/> District/Region	
<input type="radio"/> County/Parish	
<input type="radio"/> ZIP Code	
<input type="radio"/> Organization (IRMS)	
<input type="radio"/> Facility	
<input type="radio"/> Facility Group	
<input type="radio"/> VFC PIN	
<input checked="" type="radio"/> Aggregate (Total Only)	
Display Report Columns	
<input type="checkbox"/> Complete By Vaccine	
<input type="checkbox"/> Incomplete Series	
<input type="checkbox"/> One Dose to Complete Series	
<input type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)	
Back Reset Create Patient List Export Coverage Report Create Coverage Report	

Series Age Ranges

Specify Age Range

Series

☒ **Age Range**

Age as of Date (Todays date if left blank)

Limit Report By

Patient Status

--select--
 1 HPV
 13-18 AFIX
 3 HPV
 AFIX 2 MCV
 SCHOOL GRADE 6-12
 SCHOOL GRADE K-5
 4:3:1:3:3:1:4
 COMPLETION REPORT

Series Description
 select--
 select--

Only ☐ All ☐

- Use series range for 4:3:1:3:3:1:4 (TDLR)
- Use series range for 13-18 AFIX (ADOL)

Series Description	
Series Name	4:3:1:3:3:1:4
Selected Vaccines	Number of Shots
DTaP/DT/Td	4
HIB	3
POLIO	3
HEP-B 3 DOSE	3
MMR	1
VARICELLA	1
PNEUMO (PCV)	4

Series Description	
Series Name	13-18 AFIX
Selected Vaccines	Number of Shots
MENINGOCOCCAL	1
HPV	3
Tdap	1

- **Series Description; what antigens are being used for each selected series in your reports**
- 1 HPV; 1 HPV male, female, or combination of both
- 13-18 AFIX; 1 Tdap, 1 MCV and 3 HPV
- 3 HPV; 3 HPV male or female
- AFIX 2 MCV; 2 MCV M & F 16-18 yrs of age
- School Grade 6-12; 5 DTaP, 4 IPV, 3 HepB, 2 MMR, 1 Varc, 1 MCV, 1 Tdap
- School Grade K-5; 5 DTaP, 4 IPV, 3 HepB, 2 MMR, 1 Varc
- 4:3:1:3:3:1:4; 4 DTaP, 3 IPV, 1 MMR, 3 HepB, 3 Hib, 1 Varc, and 4 PCV
- COMPLETION REPORT; 4:3:1:3:3:1 (w/o prevnar)

Toddler Reports

24-35 months; 4 DTaP, 3 IPV, 1 MMR, 3 HepB, 3 Hib, 1 Varc, 4 PCV

Coverage Rate Report			
Run By			
<input type="radio"/> By Ownership			
<input type="radio"/> By Service			
Specify Age Range			
Series	4:3:1:3:3:1:4 Series Description		
<input checked="" type="radio"/> Age Range	From:	24	Months
	Through:	35	Months
Age as of Date (Today's date if left blank)		04/01/2015	
View By			
<input checked="" type="radio"/> Aggregate (Total Only)			
Display Report Columns			
<input checked="" type="checkbox"/> Complete By Vaccine			
<input checked="" type="checkbox"/> Incomplete Series			
<input checked="" type="checkbox"/> One Dose to Complete Series			
<input checked="" type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)			
Back Reset Create Patient List Export Coverage Report Create Coverage Report			

- **Select 4:3:1:3:3:1:4**
- **Age Range: 24m thru 35m**
- **As of Date: Current month & year MM/01/2015, or will default w/today's date if left blank**
- **Aggregate (Total Only): make sure this is selected**
- **Display Report Columns: all four boxes need to be selected**
- **Create Coverage Report**
- ***What is not added or changed is an automatic default***

Toddler Coverage Report

4 DTaP, 3 IPV, 1 MMR, 3 HepB, 3 Hib, 1 Varc, 4 PCV

Coverage Rate Report

Report Criteria

Report Date: 03/30/2015

Run By: ownership
As of Date: 04/01/2015
Series: 4 DTaP/DT/Td, 3 HIB, 3 POLIO, 3 HEP-B 3 DOSE, 1 MMR, 1 VARICELLA, 4 PNEUMO (PCV)
Patient Status: Active
Patient Race: All
State: AZ
District/Region: XYZ Pediatrics
Organization (IRMS): XYZ Pediatrics
VFC PIN: 9999

Age Range: 24 Months through 35 Months
Vaccine Status: Valid Vaccinations Only
Gender: All
Patient County: All
Zip Code: All
Facility: XYZ Pediatrics

Aggregate (Total Only)	Total Patients	Completion By Vaccine							Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
		DTaP/DT/Td (≥ 4)	POLIO (≥ 3)	MMR (≥ 1)	HEP-B 3- DOSE (≥ 3)	HIB (≥ 3)	VARICELLA (≥ 1)	PNEUMO (PCV) (≥ 4)				
TOTAL	37	31 (84%)	35 (95%)	32 (86%)	37 (100%)	37 (100%)	36 (97%)	35 (95%)	6 (16%)	0 (0%)	0 (0%)	31 (84%)

- Total # of patients that are 24-35 months of age
- # and (%) of patients that received the specified antigen
- # and (%) of patients that are “Incomplete” or missing immunizations
- # and (%) of patients with 1 dose or 1 visit for series to be complete
- # and (%) of patients that are Up To Date by series
- Reports can be saved as a PDF file

Toddler Patient “List” Forecast

- Go back to the Coverage Rate Report screen
- No changes need to be made
- Create Patient List

Coverage Rate Report			
Run By			
<input checked="" type="radio"/> By Ownership			
<input type="radio"/> By Service			
Specify Age Range			
Series	4:3:1:3:3:1:4	Series Description	
<input checked="" type="radio"/> Age Range	From: 24	Months	
	Through: 35	Months	
Age as of Date (Today's date if left blank)		04/01/2015	
View By			
<input type="radio"/> District/Region			
<input type="radio"/> County/Parish			
<input type="radio"/> ZIP Code			
<input type="radio"/> Organization (IRMS)			
<input type="radio"/> Facility			
<input type="radio"/> Facility Group			
<input type="radio"/> VFC PIN			
<input checked="" type="radio"/> Aggregate (Total Only)			
Display Report Columns			
<input checked="" type="checkbox"/> Complete By Vaccine			
<input checked="" type="checkbox"/> Incomplete Series			
<input checked="" type="checkbox"/> One Dose to Complete Series			
<input checked="" type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)			
<input type="button" value="Back"/> <input type="button" value="Reset"/> <input checked="" type="button" value="Create Patient List"/> <input type="button" value="Export Coverage Report"/> <input type="button" value="Create Coverage Report"/>			

Toddler Patient Forecast Report

Series-Specific Patient Forecast																										
Report Criteria				Report Date: 03/30/2015																						
As of Date: 04/01/2015 Series: 4 DTaP/DT/Td, 3 Hib, 3 Polio, 3 Hep-B 3 Dose, 1 MMR, 1 Varicella, 4 Pneumo (PCV) State: AZ District/Region: All Organization (IRMS): XYZ Pediatrics Patient Status: Active				Age Range: 24 Months through 35 Months Patient County: All Zip Code: All Facility: XYZ Pediatrics Vaccine Status: Valid Vaccinations Only																						
Patients selected: 37																										
Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number																				
001	JOHN		DOE	03/09/2013		6193701700																				
Patient Has No Vaccination Forecast																										
002	JANE		DOE	08/21/2012		5202732265																				
Patient Has No Vaccination Forecast																										
003	JOHN		DOE	03/28/2013		5205916554																				
<table border="1"> <thead> <tr> <th>Vaccine Family Name</th> <th>Dose Number</th> <th>Recommended Date</th> <th>Minimum Date</th> </tr> </thead> <tbody> <tr> <td>DTaP/DT/Td</td> <td>4</td> <td>03/30/2014</td> <td>03/30/2014</td> </tr> <tr> <td>MMR</td> <td>1</td> <td>03/28/2014</td> <td>03/28/2014</td> </tr> <tr> <td>VARICELLA</td> <td>1</td> <td>03/28/2014</td> <td>03/28/2014</td> </tr> <tr> <td>PNEUMO (PCV)</td> <td>4</td> <td>03/28/2014</td> <td>03/28/2014</td> </tr> </tbody> </table>							Vaccine Family Name	Dose Number	Recommended Date	Minimum Date	DTaP/DT/Td	4	03/30/2014	03/30/2014	MMR	1	03/28/2014	03/28/2014	VARICELLA	1	03/28/2014	03/28/2014	PNEUMO (PCV)	4	03/28/2014	03/28/2014
Vaccine Family Name	Dose Number	Recommended Date	Minimum Date																							
DTaP/DT/Td	4	03/30/2014	03/30/2014																							
MMR	1	03/28/2014	03/28/2014																							
VARICELLA	1	03/28/2014	03/28/2014																							
PNEUMO (PCV)	4	03/28/2014	03/28/2014																							
004	JANE		DOE			5204958094																				
Patient Has No Vaccination Forecast																										
005	JANE		DOE	02/18/2013	IYONIE	6025921119																				
<table border="1"> <thead> <tr> <th>Vaccine Family Name</th> <th>Dose Number</th> <th>Recommended Date</th> <th>Minimum Date</th> </tr> </thead> <tbody> <tr> <td>DTaP/DT/Td</td> <td>4</td> <td>03/03/2014</td> <td>03/03/2014</td> </tr> <tr> <td>MMR</td> <td>1</td> <td>03/25/2014</td> <td>03/25/2014</td> </tr> </tbody> </table>							Vaccine Family Name	Dose Number	Recommended Date	Minimum Date	DTaP/DT/Td	4	03/03/2014	03/03/2014	MMR	1	03/25/2014	03/25/2014								
Vaccine Family Name	Dose Number	Recommended Date	Minimum Date																							
DTaP/DT/Td	4	03/03/2014	03/03/2014																							
MMR	1	03/25/2014	03/25/2014																							
006	JOHN		DOE			5202075288																				
Patient Has No Vaccination Forecast																										
007	JOHN		DOE	03/15/2013		5208344582																				
Patient Has No Vaccination Forecast																										
008	JOHN		DOE	01/03/2013		5204091729																				
<table border="1"> <thead> <tr> <th>Vaccine Family Name</th> <th>Dose Number</th> <th>Recommended Date</th> <th>Minimum Date</th> </tr> </thead> <tbody> <tr> <td>DTaP/DT/Td</td> <td>4</td> <td>01/16/2014</td> <td>01/16/2014</td> </tr> <tr> <td>MMR</td> <td>1</td> <td>02/03/2014</td> <td>02/03/2014</td> </tr> </tbody> </table>							Vaccine Family Name	Dose Number	Recommended Date	Minimum Date	DTaP/DT/Td	4	01/16/2014	01/16/2014	MMR	1	02/03/2014	02/03/2014								
Vaccine Family Name	Dose Number	Recommended Date	Minimum Date																							
DTaP/DT/Td	4	01/16/2014	01/16/2014																							
MMR	1	02/03/2014	02/03/2014																							
009	JOHN		DOE	06/07/2012		5204097150																				
Patient Has No Vaccination Forecast																										
	JOHN		DOE	05/19/2012		5203123574																				
Patient Has No Vaccination Forecast																										

- Report Criteria: Demographics
- Patient missing immunization: name, dob, vaccine, dose, etc
- Patient Has No Vaccination Forecast... patient is UTD in ASIIS
- Inactivate patients not seen in over a year
- Add historical data
- Recall patients still needing shots

Adolescent Reports

13-18 years; 1 Tdap, 1 MCV and 3 HPV

Coverage Rate Report

Run By

☐ By Ownership
☐ By Service

Specify Age Range

Series 13-18 AFIX Series Description

☒ **Age Range** From: 13 Years Through: 18 Years

Age as of Date (Today's date if left blank) 04/01/2015

Limit Report By

Patient Status ☒ Active Only ☐ Inactive Only ☐ All

Vaccine Status ☐ All Vaccinations ☒ Valid Vaccinations Only

Patient Race

Gender --select--

District/Region --select--

Patient County --select--

ZIP Code

☒ Organization (IRMS)
☐ Do Not Limit

☒ Facility
☐ Facility Group
☐ Do Not Limit

☐ VFC PIN

View By

☐ District/Region
☐ County/Parish
☐ ZIP Code
☐ Organization (IRMS)
☐ Facility
☐ Facility Group
☐ VFC PIN
☒ **Aggregate (Total Only)**

Display Report Columns

☒ Complete By Vaccine
☒ Incomplete Series
☒ One Dose to Complete Series
☒ One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)

Back Reset Create Patient List Export Coverage Report **Create Coverage Report**

- **Select 13-18 AFIX**
- **Age Range: 13y thru 18y**
- **As of Date: current month/year assessing MM/01/2015, or will default w/today's date if left blank**
- **Aggregate (Total Only): must be selected**
- **Display Report Columns: all four boxes checked**
- **Create Coverage Report**

Adolescent Coverage Rate Report:

1 Tdap, 1 MCV, and 3 HPV

Coverage Rate Report

Report Criteria

Report Date: 04/03/2015

Run By:ownership

As of Date:04/01/2015

Series:1 MENINGOCOCCAL, 3 HPV, 1 Tdap

Patient Status:Active

Patient Race:All

State:AZ

District/Region:All

OrganizationXYZ Pediatrics

(IRMS):

VFC PIN:9999

Age Range:13 Years through 18 Years

Vaccine Status:Valid Vaccinations Only

Gender:All

Patient County:All

Zip Code:All

Facility:XYZ Pediatrics

Aggregate (Total Only)	Completion By Vaccine				Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
	Total Patients	TDAP (≥ 1)	MENINGOCOCCAL (≥ 1)	HPV (≥ 3)				
TOTAL	176	170 (97%)	174 (99%)	116 (66%)	62 (35%)	23 (13%)	33 (19%)	114 (65%)

- Total # of Adolescent Patients with 1 Tdap, 1 MCV and 1 HPV
- # and (%) of patients that received the specified antigens
- # and (%) of patients that are “Incomplete” or missing immunizations
- # and (%) of patients with 1 dose or 1 visit for series to be complete
- # and (%) of patients that are Up To Date by series

Adolescent Patient “List” Forecast

- Go back to the Coverage Rate Report screen
- Same process as Toddler Forecast
- **Series should be 13-18 years**
- Create Patient List

Coverage Rate Report			
Run By			
<input checked="" type="radio"/> By Ownership			
<input type="radio"/> By Service			
Specify Age Range			
Series	13-18 AFIX	Series Description	
<input checked="" type="radio"/> Age Range	From: 13	Years	▼
	Through: 18	Years	▼
Age as of Date (Today's date if left blank)	04/01/2015		

Adolescent Reports (Continued...)

13-18 years; 1 HPV Male/Female Combo

Coverage Rate Report

Run By

☐ By Ownership
☐ By Service

Specify Age Range

Series 1 HPV **Series Description**

☒ **Age Range**

From: 13 Years
Through: 18 Years

Age as of Date (Today's date if left blank) 04/01/2015

Limit Report By

Gender --select--

View By

☒ Aggregate (Total Only)

Display Report Columns

☒ Complete By Vaccine
☒ Incomplete Series
☒ One Dose to Complete Series
☒ One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)

Back Reset Create Patient List Export Coverage Report **Create Coverage Report**

- **Select 1 HPV**
- **Age Range, As of Date, Aggregate (Total Only), and Display Report Columns remain the same**
- **No selection for gender**
- **Create Coverage Report**

Adolescent Coverage: 1 HPV M/F

Coverage Rate Report						
Report Criteria			Report Date: 04/15/2015			
Run By: ownership						
As of Date: 04/01/2015			Age Range: 13 Years through 18 Years			
Series: 1 HPV						
Patient Status: Active			Vaccine Status: Valid Vaccinations Only			
Patient Race: All			Gender: All			
State: AZ			Patient County: All			
District/Region: All			Zip Code: All			
Organization (IRMS): XYZ Pediatrics			Facility: XYZ Pediatrics			
Completion By Vaccine						
Aggregate (Total Only)	Total Patients	HPV (=1)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
TOTAL	164	133 (81%)	31 (19%)	31 (19%)	19 (12%)	133 (81%)

- Total # of Male & Female Adolescent Patients with 1 HPV
- # and (%) of Male & Females that received 1 HPV
- # and (%) of Male & Females that are “Incomplete” or “Missing” 1 HPV

Adolescent Reports (Continued...)

13-18 years; 1 HPV Female

Coverage Rate Report	
Specify Age Range	
Series	1 HPV Series Description
<input checked="" type="radio"/> Age Range	From: 13 Years Through: 18 Years
Age as of Date (Today's date if left blank)	04/01/2015
Limit Report By	
Gender	FEMALE
View By	
<input checked="" type="radio"/> Aggregate (Total Only)	
Display Report Columns	
<input checked="" type="checkbox"/> Complete By Vaccine	
<input checked="" type="checkbox"/> Incomplete Series	
<input checked="" type="checkbox"/> One Dose to Complete Series	
<input checked="" type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)	
<input type="button" value="Back"/> <input type="button" value="Reset"/> <input type="button" value="Create Patient List"/> <input type="button" value="Export Coverage Report"/> <input type="button" value="Create Coverage Report"/>	

- **Select 1 HPV**
- **Age Range, As of Date, Aggregate (Total Only), and Display Report Columns remain the same**
- **Change gender to Female**
- **Create Coverage Report**

Adolescent Coverage: 1 HPV Female

Coverage Rate Report						
Report Criteria				Report Date: 04/03/2015		
Run By:	ownership		Age Range:	13 Years through 18 Years		
As of Date:	04/01/2015		Vaccine Status:	Valid Vaccinations Only		
Series:	1 HPV		Gender:	FEMALE		
Patient Status:	Active		Patient County:	All		
Patient Race:	All		Zip Code:	All		
State:	AZ		Facility:	XYZ Pediatrics		
District/Region:	All					
Organization (IRMS):	XYZ Pediatrics					
VFC PIN:						
	Completion By Vaccine					
Aggregate (Total Only)	Total Patients	HPV (≥1)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
TOTAL	96	80 (83%)	16 (17%)	16 (17%)	14 (15%)	80 (83%)

- Total # of Female Adolescent Patients with 1 HPV
- # and (%) of Females that received 1 HPV
- # and (%) of Females that are “Incomplete” or “Missing” 1 HPV

Adolescent Reports (Continued...)

13-18 years; 3 HPV Female

Coverage Rate Report	
Specify Age Range	
Series	3 HPV Series Description
<input checked="" type="radio"/> Age Range	From: 13 Years Through: 18 Years
Age as of Date (Today's date if left blank)	04/01/2015
Limit Report By	
Gender	FEMALE
View By	
<input checked="" type="radio"/> Aggregate (Total Only)	
Display Report Columns	
<input checked="" type="checkbox"/> Complete By Vaccine	
<input checked="" type="checkbox"/> Incomplete Series	
<input checked="" type="checkbox"/> One Dose to Complete Series	
<input checked="" type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)	
<input type="button" value="Back"/> <input type="button" value="Reset"/> <input type="button" value="Create Patient List"/> <input type="button" value="Export Coverage Report"/> <input type="button" value="Create Coverage Report"/>	

- **Select 3 HPV**
- **Age Range, As of Date, Gender, Aggregate (Total Only), and Display Report Columns remain the same**
- **Create Coverage Report**

Adolescent Coverage: 3 HPV Female

Report Criteria		Report Date: 04/03/2015				
Run By:	ownership	Age Range:	13 Years through 18 Years			
As of Date:	04/01/2015	Vaccine Status:	Valid Vaccinations Only			
Patient Status:	Active	Gender:	FEMALE			
Patient Race:	All	Patient County:	All			
State:	AZ	Zip Code:	All			
District/Region:	All	Facility:	XYZ Pediatrics			
Organization (IRMS):	XYZ Pediatrics					
VFC PIN:	9999					
Aggregate (Total Only)	Completion By Vaccine					
	Total Patients	HPV (≥ 3)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
TOTAL	96	65 (68%)	31 (32%)	13 (14%)	12 (13%)	65 (68%)

- Total # of Female Adolescent Patients with 3 HPV
- # and (%) of Females that received 3 HPV
- # and (%) of Females that are “Incomplete” or “Missing” 3 HPV

HPV Reports (Continued...)

13-18 years; 1 HPV and 3 HPV Male

Specify Age Range	
Series	1 HPV <input type="button" value="Series Description"/>
<input checked="" type="radio"/> Age Range	From: 13 Years <input button"="" type="button" value=""/>
Age as of Date (Todays date if left blank)	04/01/2015
Gender	MALE <input type="button" value=""/>

Specify Age Range	
Series	3 HPV <input type="button" value="Series Description"/>
<input checked="" type="radio"/> Age Range	From: 13 Years <input button"="" type="button" value=""/>
Age as of Date (Todays date if left blank)	04/01/2015
Limit Report By	
Gender	MALE <input type="button" value=""/>

- Same process for Male Patients
- **Change series to 1 HPV**
- **Change gender to Male**
- Create report
- **Change series to 3 HPV**
- **No change to gender**
- Create report

Adolescent Reports (Continued...)

16-18 years; 2 MCV

Coverage Rate Report			
Run By			
<input type="radio"/> By Ownership			
<input type="radio"/> By Service			
Specify Age Range			
Series	AFIX 2 MCV	Series Description	
<input type="radio"/> Age Range	From: 16	Years	▼
	Through: 18	Years	▼
Age as of Date (Today's date if left blank)		04/01/2015	
View By			
<input type="radio"/> Aggregate (Total Only)			
Display Report Columns			
<input checked="" type="checkbox"/> Complete By Vaccine			
<input checked="" type="checkbox"/> Incomplete Series			
<input checked="" type="checkbox"/> One Dose to Complete Series			
<input checked="" type="checkbox"/> One Visit to Complete Series (Multiple doses needed but could be given with one visit to vaccinator)			
<div>Back Reset Create Patient List Export Coverage Report Create Coverage Report</div>			

- **Select AFIX 2 MCV**
- **Age Range; Change DOB 16-18 years**
- **As of Date, Aggregate (Total Only), and Display Report Columns remain the same**
- **Create Coverage Report**
- **Create Patient List**

Adolescent Coverage: 2 MCV

Coverage Rate Report

Report Criteria

Report Date: 04/14/2015

Run By:ownership

As of Date:04/01/2015

Series:2 MENINGOCOCCAL

Patient Status:Active

Patient Race:All

State:AZ

District/Region:All

Organization (IRMS):XYZ Pediatrics

Age Range:16 Years through 18 Years

Vaccine Status:Valid Vaccinations Only

Gender:All

Patient County:All

Zip Code:All

Facility:XYZ Pediatrics

Completion By Vaccine

Aggregate (Total Only)	Total Patients	MENINGOCOCCAL (=2)	Incomplete Series	One Dose to Complete Series	One Visit to Complete Series	Series Complete
TOTAL	69	35 (51%)	34 (49%)	33 (48%)	32 (46%)	35 (51%)

- Total # of Adolescent Patients with 2 MCV
- # and (%) of patients that received 2 MCV
- # and (%) of patients that are “Incomplete” or missing immunizations
- # and (%) of patients with 1 dose or 1 visit for series to be complete
- # and (%) of patients that are Up To Date by series

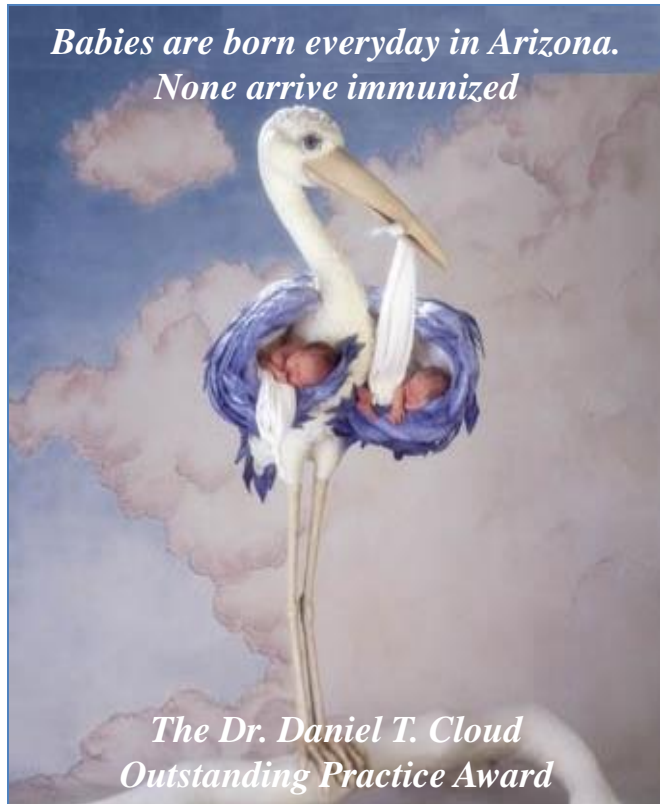
Get Your Head “Out of the CLOUDS”



Daniel T. Cloud

Outstanding Practice Award

Process and Preparation



- Daniel T. Cloud Outstanding Practice Award Nominations
- Qualifying for the Toddler Award
- Qualifying for the Teen Award
- Preparing for 2016 Daniel T. Cloud Outstanding Practice Award

Daniel T. Cloud Award Nominations

- You're nominated or you nominate your clinic/practice
- Nominations to TAPI via US mail and Email
- Each award good for 2 years
- Toddler Award 24-35 months
- Teen Award 15 year olds only

DR. DANIEL T. CLOUD OUTSTANDING PRACTICE AWARDS

The ARIZONA PARTNERSHIP FOR IMMUNIZATION (TAPI) is seeking nominations for the 2015 Toddler and Teen awards. These awards recognize the exceptional efforts of the many individuals and organizations whose tireless work and innovative strategies have improved immunization coverage levels statewide. We look forward to our annual awards banquet as an opportunity to publicly recognize immunization efforts over the past year.

The **TODDLER AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella for two year olds. A minimum of 25 active patients is required. Upon nomination, *ADHS will use ASIIS data to validate coverage levels.*

The **TEEN AWARD** is presented to those practices and clinics that have achieved the highest standard in their practice by reaching a 90% coverage level for 1 Tdap, 1 MCV and 2 HPV vaccinations for 15 year olds. A minimum of 20 active patients is required. Upon nomination, *ADHS will use ASIIS data to validate coverage levels.*

Each Cloud Award recognizes the recipient for 2 full years. Practices may apply for one award each year.

CHECK AWARD: ☐ TODDLER AWARD ☐ TEEN AWARD

Nomination Information (Please Print)

Name of Practice/Clinic Being Nominated		A direct line/back line of Practice/Clinic & Contact Name	
Address of Practice/Clinic		City	State
		Zip Code	
Name of Person Submitting Nomination		Nominator's Direct Line Phone Number	
Nominator's Email Address		Email Address of the Practice/Clinic Being Nominated	

• **QUESTIONS?** Contact TAPI at 602-288-7568.

• Nomination form must be emailed to Awards@TAPI.org or mailed/delivered to:
THE ARIZONA PARTNERSHIP FOR IMMUNIZATION
700 E. Jefferson Street, Ste. 100 • Phoenix, AZ 85034

• Print additional nomination forms at WhyImmunize.org • *Faxed nominations will not be accepted.*

• Nominations must be received or postmarked by **5 pm on February 27, 2015** to be eligible for consideration.

REVIEW PROCESS FOR CLOUD AND BIG SHOTS APPLICATIONS/NOMINATIONS:

Daniel T. Cloud Outstanding Practice Awards

- Upon nomination, *ADHS will use ASIIS data to validate coverage levels.*

Big Shots for Arizona

- Nomination packet must include: *nomination form, (on page 2), statement and supporting materials.*
Nominations will be reviewed by a panel of individuals who represent health care, business, media and civic organizations. Nominators will be contacted if their nominee has been selected.

DEADLINE FOR ALL AWARD CATEGORIES IS FEBRUARY 27, 2015 AT 5:00PM



Health and Wellness for all Arizonans

Qualifying For Toddler Award



- **Minimum of 25 active patients in ASIIS**
- **ASIIS based assessment of 24-35 month old patients**
- **4:3:1:3:3:1 Series** (4 D_{TaP}, 3 IPV, 1 MMR, 3 Hib, 3 Hep B, and 1 Varc)
- **90% or higher coverage level @ 24 months of age**

Qualifying For The Teen Award




- **Minimum of 20 active patients in ASIIS**
- **ASIIS based assessment of 15 year old patients only**
- **90% or higher coverage level for 1 Tdap, 1 MCV, 2 HPV**

Getting Started

Clinic/Practice Cloud Award Process

- **TAPI receives nominations**
- **ADHS receives nomination information**
- **ADHS determines qualification (minimum records / 2yrs since last win)**
- **1st assessment 90% or higher, WINNER**
- **Below 90%, provider to update ASIIS**
- **Inactivate patients not seen in over a year**
- **Add missing historical data to ASIIS**
- **Recall patients still missing immunizations in ASIIS**
- **Refusals must be documented on the Refusal Form**
- **ASIIS update completion before specified end date**
- **Nominee to inform ADHS for Final Assessment**
- **TAPI informs nominees of winning status**

Refusal to Vaccinate	
Child's Name _____	Child's ID# _____
Parent's/Guardian's Name _____	
My child's doctor(s) have _____ because I believe that my child (named above) does not need or require all of these vaccines.	
Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus and Td (Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Acellular pertussis (pertussis) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Polio conjugate or poliovaccination vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles mumps rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Tetanus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papilloma virus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
I have been provided with and given the opportunity to read each Vaccine Information Statement from the Centers for Disease Control and Prevention (warning the vaccination) and the disease(s) it prevents for each of the vaccine(s) declined as recommended and which, I have decided, as indicated above, I have had the opportunity to review the information and my refusal with my child's doctor or nurse, who has assessed all of my questions about the consequences of non-vaccination, possible side effects of each vaccine and at www.cdc.gov/vaccineinfo/default.htm , I understand the following:	
<ul style="list-style-type: none"> • The purpose and the use for the recommended vaccine(s). • The risks and benefits of the recommended vaccine(s). 	
Parent's/Guardian Signature _____	Date _____
Witness _____	Date _____
I have had the opportunity to discuss my decision not to vaccinate my child and still decline the recommended immunizations.	
Parent's Initials _____ Date _____	Parent's Initials _____ Date _____
<p>I acknowledge that I have read this document in its entirety and fully understand it.</p> <p>American Academy of Pediatrics</p> <p>DEDICATED TO THE HEALTH OF ALL CHILDREN®</p> 	

TAPI AWARD DINNER

19th Annual
Big Shots for Arizona
AWARDS CEREMONY

Name of attendees: (please print)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Special dietary needs or questions please call 602.288.7568.

Thank you for supporting
the **Big Shots for Arizona Awards and Recognition Dinner.**



19th Annual
Big Shots for Arizona
AWARDS CEREMONY

Please reserve:

_____ Individuals at \$85 each

_____ Sponsor Tables of ten at \$1,000 each
(Special Recognition)

Enclosed is my check for \$ _____

Organization _____

Address _____

City / State / Zip Code _____

Daytime Telephone _____

Please make checks payable to TAPI.
List attendees on reverse side of this card.

Please respond by April 15, 2015.

Contributions are tax deductible to the extent permitted by law.

Phoenix Country Club
2901 N. 7th Street
Phoenix, AZ

April 22, 2015 @ 5:30pm
Dinner begins @ 6:30pm



Health and Wellness for all Arizonans



2016 Daniel T. Cloud Award Headstart

- Run a Coverage Rate Report and Patient “List” Forecast to get started *(In ASHS 4:3:1:3:3:1:4 for TDLR, 13-18 AFIX and MCV 2 for ADOL)*
- Toddler DOB range 01/01/2013 – 12/31/2013 as of 12/31/2015...(4:3:1:3:3:1)
- Teen DOB range 01/01/2000 – 12/31/2000 as of 12/31/2015...15 year only
- **MCV and HPV series undetermined for next year**
- Inactivate, add historical, and recall



ASIIS Hotline & Help Desk

If you have questions or problems with anything related to ASIIS, please contact the ASIIS Hotline or Helpdesk.

1-877-491-5741

602-364-3899

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Muchas
GRACIAS



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